

NOTE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>1702</u>
District of <u>Globe</u>	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>626</u>
Town of <u>"</u>			Local Registrar No. _____
or <u>Globe</u>			St. _____ Ward _____
City of _____	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		
2. Full name of child <u>Harold Brooks</u>			
3. Sex of Child <u>Male</u>			
To be answered ONLY in event of plural births.			
4. Twin, triplet or other _____			
5. Legitimate? <u>yes</u>			
6. Date of birth <u>6 22 24</u>			
Month day year			
3. FATHER		14. MOTHER	
Full name <u>Almond Brooks</u>		Full maiden name <u>Bessie Gusdill</u>	
9. Residence (Usual place of abode) <u>Globe Ariz</u>		15. Residence (Usual place of abode) <u>Globe Ariz</u>	
If nonresident, give place and state		If nonresident, give place and state	
10. Color or race <u>4/4 Indian</u>		16. Color or race <u>4/4 Indian</u>	
11. Age at last birthday <u>27</u> (Years)		17. Age at last birthday <u>20</u> (Years)	
12. Birthplace (city or place) <u>San Carlos Indian Reservation Ariz</u>		18. Birthplace (city or place) <u>San Carlos Indian Reservation Ariz</u>	
(State or country)		(State or country)	
13. Occupation <u>Common Laborer</u>		19. Occupation <u>Housewife</u>	
Nature of industry		Nature of industry	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)			
(a) Born alive and now living <u>2</u>			
(b) Born alive but now dead <u>1</u>			
(c) Stillborn <u>0</u>			
21. Were precautions taken against ophthalmia neonatorum? <u>No</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that attended the birth of this child, who was <u>born alive</u> at <u>Globe</u> on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.			
Signature <u>E. H. Sawyer M.D.</u>			
(Physician or midwife)			
Address <u>San Carlos Ariz</u>			
Month, day, year. _____			
Filed <u>9-6</u> 19 <u>24</u>			
SEP 5 1924			
Local Registrar. <u>B. G. J. Cox</u>			
County Registrar. _____			

822-622-273